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## 48 HOURS NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL

John Campbell For Congress

ADDRESS (number and street)

4590 Macarthur Boulevard

CITY, STATE, and ZIP CODE

Newport Beach

CA

926602028

2. NAME OF CANDIDATE

John BT Campbell, III

3. OFFICE SOUGHT (State and District)

House CA 48

Any information copied from such Reports and Statements may not to be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

4. FEC IDENTIFICATION NUMBER  
C00412312

SIGNATURE(Optional)

Kelly Lawler

DATE

06/01/2010

For further information contact:

Federal Election Commission  
999 E Street, NW, Washington, DC 20463  
Toll Free 800-424-9530, Local 202-694-1100

**FEC FORM 6**  
(Revised 1/2001)

**FEC FORM 6 - 48 HOUR NOTICE OF CONTRIBUTIONS / LOANS**

(continuation page)

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

**Name of Individual, Organization, or Corporation**

John Campbell For Congress

<b>Full Name, Address, and ZIP Code</b> Citigroup, Inc. PAC  1101 Pennsylvania Avenue NW Suite 1000 Washington DC 20004-2524	Name of Employer	Date (month, day, year) 06/01/2010	Amount Received this Period 1000.00
	Occupation		
<b>Full Name, Address, and ZIP Code</b> CME Group, Inc. PAC  20 S Wacker Drive  Chicago IL 60606-7408	Name of Employer	Date (month, day, year) 06/01/2010	Amount Received this Period 2500.00
	Occupation		
<b>Full Name, Address, and ZIP Code</b> Cooperative of American Physicians Federal PAC 333 S Hope Street Floor 8 Los Angeles CA 90071-1406	Name of Employer	Date (month, day, year) 06/01/2010	Amount Received this Period 1000.00
	Occupation		
<b>Full Name, Address, and ZIP Code</b> NFIB California Safe Trust  1201 F Street NW Suite 200 Washington DC 20004-1221	Name of Employer	Date (month, day, year) 06/01/2010	Amount Received this Period 1000.00
	Occupation		

**TOTAL THIS PERIOD (last page only)****5500.00**